

QUALIFYING CONTRIBUTIONS OF \$5 - FROM INDIVIDUALS*

SCHEDULE **A-2**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____.

4	CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR			
4a	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	COUNTY OF RESIDENCE	SOLICITOR		
b.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	COUNTY OF RESIDENCE	SOLICITOR		
c.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	COUNTY OF RESIDENCE	SOLICITOR		
d.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	COUNTY OF RESIDENCE	SOLICITOR		
e.	LAST FIRST MI			
	STREET ADDRESS			
	CITY STATE ZIP			
	COUNTY OF RESIDENCE	SOLICITOR		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A-2 <i>[If last page of Schedule A-2, transfer total to Detailed Summary Page]</i> Reminder: The total sum must be attached as a check or money order (made payable to the Citizen's Clean Election Fund) to the participating Candidate's Application to Receive Funds and Qualifying Contributions Report (filed with the Secretary of State). See A.R.S. § 16-950(B).			

